								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO								,	099	84	123	70
Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY			RTHAN
To	OTAL CLAIMS			[ımn zı		TYPE		OR Ti		ENTITY	
-	OR .		N. 40E0	FA	August Care			RATE		-	RATE	FEE
⊪_		- C C ANAC	NUMBER		NUMBER EXTRA			BASIC F	EE 355.00	OR	BASIC FEE	
-	OTAL CHARGE		55 mi	nus 20=	13			X\$ 9=		OR	X\$18=	234
	DEPENDENT C			inus 3 =		0				OR	X80=	
M	JUIPLE DEFER	NDENT CLAIM P	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column :						column 2	8	TOTAL	-	OR	TOTAL	
CLAIMS AS AMENDED - PART II									C	ت	OTHER	THAN
	(Column 1) (Column 2) (Column 3							SMAL	LENTITY	OR	SMALL	
AMENDMENT A		REMAINING		NUM	BER	PRESENT		DATE	ADDI-			ADDI-
		AFTER AMENDMENT	<u> </u>	PREVIO		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
XOX	Total	. 37	Minus	:	33	•		X\$ 9=		OR	X\$18=	/
ARE	Independent	· 3	Minus	•••	3	=/		X40=	1 /	OR	X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM				 	100		-/-
								+135=	<u> </u>	OR	+270=	
(Column 1) (Column 2) (Column 3)								TOTA VDDIT. FE	- 8 '	OR	TOTAL ADDIT, FEE	
_	1	ı _										
AMENDMENT B		REMAINING AFTER		HIGH	BER	PRESENT		RATE	ADDI-	1	5.75	ADDI-
		AMENDMENT		PREVIO PAID I	FOR	EXTRA		HATE	TIONAL FEE		RATE	TIONAL FEE
	Total	33	Minus	. 3	33	=		X\$ 9=	7	ÓR	X\$18=	/
3	Independent	. 3	Minus	•••	3	= /		X40=	1 /		X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_	╂-/	ОЯ		/
								+135=		OR	+270=	
			•	•			Al	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE	
1	-25-05	(Column 1)										
ပ		CLAIMS REMAINING		HIGHE NUMB		PRESENT			ADDI-	ſ		ADDI-
		AFTER AMENDMENT		PREVIO PAID F		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT C	Total	.33	Minus	. 3	3	= /		X\$ 9=	1.55	OR	X\$18=	FEE
WE	Independent	• 3	Minus	***	7	=	-	X40=				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40≅		OR	X80⇒	
• 41	f the eater in eater	1 le less than th						+135=		OR	+270=	
** {	I the Trighest Num	nn 1 is less than the mber Previously Pa	id For IN THIS	S SPACE is	less than	20. enter "20."	A	TOTAL DDIT. FEE		OR ,	TOTAL	
7	ਹ ਤਾਰ 'Highest Nur The 'Highest Num	mber Previously Pa ber Previously Paid	ud For (Notal or d For (Total or	5 SPACE is Independe	itess than nt) is the	n 3, enter "3," highest number			_			